

A STUDY OF PSYCHO-SOCIAL FACTORS CONTRIBUTING TO THE  
SUCCESSFUL ADJUSTMENT OF FIFTEEN PATIENTS ON TRIAL  
VISIT FROM A VETERANS ADMINISTRATION HOSPITAL FROM  
JANUARY 1, 1950 TO DECEMBER 1, 1950

2/18  
3/6/52

A THESIS  
SUBMITTED TO THE FACULTY OF THE ATLANTA UNIVERSITY SCHOOL  
OF SOCIAL WORK IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY  
REGINALD W. GARY

ATLANTA, GEORGIA

JUNE 1952

T = 72

# TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION.....	1
Significance of the Study.....	1
Purpose of the Study.....	4
Method of Procedure.....	4
Scope and Limitations.....	4
Definition of Terms.....	5
II. SCHIZOPHRENIC REACTIONS, CLASSIFIED TYPES.....	7
Case 1.....	7
Case 2.....	11
Case 3.....	15
Case 4.....	18
Case 5.....	22
Case 6.....	25
Case 7.....	29
III. SCHIZOPHRENIC REACTIONS, UNCLASSIFIED TYPES.....	35
Case 8.....	35
Case 9.....	39
Case 10.....	42
Case 11.....	46
Case 12.....	50
Case 13.....	54
Case 14.....	57
Case 15.....	62
IV. SUMMARY AND CONCLUSIONS.....	67
APPENDIX.....	70
Schedule.....	71
BIBLIOGRAPHY.....	72

## CHAPTER I

### INTRODUCTION

#### Significance of the Study

Mental disorders constitute one of the most threatening public health problems of modern times. Their ramifications pose serious questions to both public and private social agencies, as well as to relatives of those suffering with the illness.

With our increasing knowledge of psychiatry, the mentally ill are no longer viewed as hopeless individuals destined to live a death-in-life. Psychiatry has succeeded in clarifying much of the confusion and misunderstanding that has accompanied the problem of mental health. Consequently, it has enabled us to realize that those who once suffered with mental illness can again become active, productive people in the community, if given the opportunity.

It is a recognized fact that the treatment of mentally ill persons is largely a problem for medical specialization. However, more and more we are realizing that if we are to attack the problem of the emotionally disturbed or distorted personalities adequately, it can not be restricted to the practice of medicine.<sup>1</sup> One of the products of this realization is the Social Service Department of hospitals for the mentally ill.

The Social Service Department, for purposes in this thesis, will be defined as the patient's liaison between the community and hospital from his day of admission through his preparation for discharge or trial visit. This

---

<sup>1</sup>Gordon Hamilton, Psychotherapy in Child Guidance (New York, 1947), p. xix.

involves the department's acting as liaison between the patient and his relatives during his hospitalization.<sup>1</sup> One of the most considered realities encountered both by relatives and the medical staffs in neuro-psychiatric hospitals is the question of why some patients respond successfully to trial visits and others do not.

The writer became interested in the problem of trial visits as a result of having experienced a six-month block field work internship as a student in the Social Service Department of a Veterans Administration hospital.<sup>2</sup> During this experience, the writer began to realize the value of trial visits as a treatment tool, as a means of testing treatment results, and as preparation for discharge. Consequently, a study of successful trial visits was thought advisable.

The writer's experience occurred in a neuro-psychiatric hospital for the treatment and care of mentally ill veterans. The predominance of the patient population was treatment for mental disorders of a functional nature. The patients enter voluntarily or by certification from a nearby metropolitan area.

The physical plant is arranged so as to provide maximum comfort for the patients within an institutional setting. Emphasis in social case work is placed on the importance of total social environment from which the patient comes and to which it is hoped he will eventually return. The guarded setting of the hospital is used purposefully by the patient and the clinical

---

<sup>1</sup>Harry S. Moore, "Hospitalization as a Dynamic for Use in Case Work with Relatives in a Veterans Administration Mental Hospital," Journal of Psychiatric Social Work, XIX (Spring, 1950), 141.

<sup>2</sup>Hereinafter the abbreviation "VA" will be used for references to Veterans Administration.

team as an opportunity to develop a positive and corrective living experience.

The various forms of therapy used in the hospital consisted of: electro and insulin shock therapy, individual and group psychotherapy, educational, occupational, manual arts and corrective physical therapy, sedative therapies (drugs and hydro therapy) and psychosurgery (lobotomy).

The administrative philosophy is total integration of the departmental services, with conscious effort to afford each patient the maximum opportunities for treatment and rehabilitation. For example, both the internal and external conflicts of the patient are considered. The psychiatrist's responsibility is to relieve the patient of his intra-psychic conflict and thus remove his symptoms. The psychiatric social worker is to remove or reduce the stresses and conflicts caused by the environment. Through the use of strong supportive encouragement and reassurance, the worker enables the patient to discover and use the potentially constructive factors in his situation. Consequently, he is guided to channel his life anew, obtain more genuine satisfaction and pursue his goals with greater success.<sup>1</sup>

Although the psychiatrist's and the social worker's efforts are to produce improved results in the patient's condition, the area of professional function is to be delimited. This necessitates the worker's having a clear idea of treatment possibilities which enables him to recognize conditions that are clearly psychiatric. Thus, in so doing, he avoids wasting effort on cases that are untreatable, or are outside the province of case work

---

<sup>1</sup>Luther E. Woodward and Thomas A. Rennie, Mental Health in Modern Society (New York, 1948), p. 93.

treatment.<sup>1</sup>

### Purpose of the Study

The purposes of this study were: (1) to evaluate the psycho-social factors affecting the successful adjustment of fifteen patients on trial visit; (2) to evaluate the preparation of these patients for trial visit; and (3) to call attention to aspects of the trial visit process which should be considered in planning for trial visits with other patients, so as to facilitate psychiatric and social service to the patient and his relatives.

### Method of Procedure

The case study was employed. Data were secured from schedules, social service records, clinical folders, trial visit quarterly reports and psychological records. The data were further supplemented by interviews with various staff members to whom the cases were known. Books, pamphlets and class room lectures were used as references in addition to the above data.

### Scope and Limitations

This study was confined to fifteen schizophrenic patients irrespective of age, religion and race, who were on trial visit from a VA neuro-psychiatric hospital between January 1, 1950 and December 1, 1950. Cases in the latter category totaled thirty-three in number. Criteria for the selection of cases were as follows: (a) schizophrenic diagnosis, (b) void of psychosurgical operations, (c) complete trial visit cooperation, (d) scheduled indexes complete in case data. Three cases were eliminated by criterion "(a)"

---

<sup>1</sup>Lawson G. Lowrey, Psychiatry for Social Workers (New York, 1946), p. 89.

as they were diagnosed respectively, Parkinson's Disease, mental deficiency, and acute alcoholism. Two cases were eliminated by criterion "(b)" as they had undergone psychosurgery. Two cases were eliminated by criterion "(c)" as one did not contact the pilot worker as requested, the other joined the armed services. Eleven cases were eliminated by criterion "(d)" as six had incomplete anamnesis (social history) and five had incomplete trial visit quarterly reports. Consequently, this study was made of the remaining fifteen cases.

#### Definition of Terms

Trial visit is a convalescent leave program designed to help an improved patient to re-establish himself in the community. During this trial visit period, the patient is out of the hospital. At the termination of this period, he expects to be discharged providing that he has made a satisfactory adjustment at home and in the community. Trial visit may be initially granted for ninety days, subject to extensions up to the maximum period of one year. A request for trial visit consideration may be made by the physician in charge of the case, or by the relatives of the patient, or by the patient himself. In instances where trial visits are granted, the patient's bed will be considered vacant, but until he is discharged, he will be counted among the hospital's roll. However, he will not be recorded in the periodic administrative reports as part of the patient load. The person in whose custody the patient is released is interviewed by a Social Service worker regarding ability to adequately meet the patient's needs during the trial period. At any time during the trial period, the patient may voluntarily return to the hospital, or he may be returned against his will

by the person in whose custody he was released.<sup>1</sup>

Trial Visit Supervision Program is a program designed to supervise a patient while on trial visit. The trial visit worker henceforth, for purposes of this study, is to be known as the supervising worker. In instances where a patient is not to be supervised by a social worker, the case is referred and assigned to a worker in a VA regional office. A referral can be made to the regional office prior to the patient's departure for leave, or upon his return to his home. If a referral is made prior to the patient's departure from the hospital, time is then afforded for the supervising worker to establish a relationship with the patient and with his family. The trial visit program provides for the continued support, guidance and reassurance that the patient will need in returning to the community. Often times the supervising worker helps a patient to regain economic security by assisting him in securing work contacts, or by encouraging the interest and acceptance of employers whenever possible.<sup>2</sup>

Curative workshop is a mental hygiene service provided to extend service to the trial visit patient. The shop is one of the programs of the regional office and it is an occupational and/or educational program. It is designed to rehabilitate the patient and to help him maintain and improve his level of adjustment.

---

<sup>1</sup>Edith M. Stern, Mental Illness: A Guide for the Family (New York, 1945), pp. 81-85.

<sup>2</sup>The Psychiatric Social Worker in the Hospital (Report No. 2 of the Group for the Advancement of Psychiatry), Topeka, Kansas, 1948, p. 4.



## CHAPTER II

### SCHIZOPHRENIC REACTIONS, CLASSIFIED TYPES

In this chapter, the writer will present and evaluate the factors that contributed to the successful trial visit adjustment of seven patients who were diagnosed according to the four Kraepelin types of schizophrenic reactions.

Cases 1 to 3 were diagnosed as schizophrenic reaction, paranoid type. This classification is characterized by unrealistic thinking, with the mental content composed chiefly of delusions of persecution, occasionally of grandeur, hallucinations, a fairly constant attitude of hostility, aggression and ideas of reference.<sup>1</sup>

#### Case 1

Reuben, a white 32 year old Hebrew male veteran, was born in New York in 1920. Both parents were born in Russia. The father came to America at the age of 22 with Reuben's grandfather. The father was considered to be withdrawn, seclusive and extremely religious. The mother came to America at the age of 15 with her family who settled in New York. Her father suffered with an ulcer, which limited his ability to work. Consequently, Reuben's mother had to assume the responsibility of supporting her parents. When Reuben's mother became 21, her parents suggested that she marry the man who became his father. Her parents felt that the father was a "good man" because he was extremely religious. The mother considered the father "insignificant." She arose mornings before anyone else to go to work, returning home late at night. On weekends, while the father was sleeping, the mother took the children visiting, picnicking or walking. Both parents believed that their children should be educated in a formal manner. Therefore little was taught them at home, but was left to their teachers.

Reuben was the only boy and youngest of 3 siblings. The older sister was a college graduate and employed as a school teacher. She often said, "My younger sister and I are superior to our

---

<sup>1</sup>Nomenclature of Psychiatric Disorders and Reactions (Veterans Administration Technical Bulletin TBlOA-78), Washington, 1947, pp. 8-9.

brother." The younger sister said, "I was never happy with my family." Therefore, at the age of 15 she left home. She was employed as a dance instructor. Both sisters felt that Reuben was "sheltered" and "spoiled" from birth.

Reuben appeared more interested in athletics than in academic subjects while in high school. He graduated at the age of 17, and entered a liberal arts college in 1938. In 1940, Reuben decided that he wanted to study optometry and went south. He returned home within a few months and entered the Air Force. Being separated, for the sisters as well as for Reuben, was "awful." He found it difficult to adjust away from home. He "washed out" of the Air Corps and was transferred to a ground crew. He developed a difficulty of the spine and was placed in the observation ward in a military psychiatric hospital for 28 days. Reuben was transferred to a general hospital where he remained 11 months. On September 8, 1945, he was dishonorably discharged.

In 1946, Reuben met a girl with whom he fell in love. The affair lasted until March 1947, when he received a letter from the girl indicating that the relation was terminated. Reuben refused to accept this. Each time his phone rang, he felt that the girl was calling. Reuben learned from her mother that the girl felt that they were not compatible. In November of the same year, Reuben asked a druggist to suggest a private psychiatrist with whom he could consult. He was seen by the psychiatrist who treated him until June of 1948. When the psychiatrist went on vacation, Reuben refused to see him when he returned. He became withdrawn towards his family and felt that they wanted to kill him. Reuben was seen by another psychiatrist from June, 1948 until April 15, 1949, at which time he was admitted to the VA hospital with a diagnosis of schizophrenic reaction, paranoid type.

Reuben received insulin shock treatment for six months. He was also assigned to both occupational and corrective therapies. He showed particular interest in photography and gardening. As Reuben gained more confidence, his participation in ward activities increased. The physician in charge of his case referred him to Social Service for a pre-trial visit work up on January 1, 1950.

#### Trial Visit Planning

The Social Service worker interviewed Reuben on January 4, 1950, regarding his desire to go on trial visit. He indicated that he felt insecure about it, but would accept it if he could receive psychotherapy. The worker referred his request for the necessary administrative action.

On January 6, 1950, the worker interviewed Reuben's younger sister regarding her desire to help with trial visit planning. She said that she

could not accept him home for more than one week.

Reuben's mother was seen by the worker. She said that she wanted him home as soon as possible.

This case was referred to the regional office where a regional office worker was assigned to the case. This referral to VA regional office provided for continued help to Reuben with home and community adjustment. Emphasis was upon the worker's developing a relationship with the patient and his mother, for the formulating of plans that would facilitate his supervision and adjustment. The purposes of trial visit and why it would be necessary to supervise him were interpreted to Reuben, which he readily accepted. He left for trial visit on February 8, 1950, in the custody of his mother.

#### Trial Visit Adjustment

During this first 90 days trial visit period, Reuben spent most of his time making arrangements for and receiving psychotherapy on an out-patient basis. Reuben's home adjustment was threatened by the younger sister's demands and interference. The supervising worker discussed the problem with Reuben, suggesting that she would talk with the sister. The sister's behavior did upset Reuben, but he evidenced ability to accept the difficulty and plan ways of eliminating it. As recommended by the supervising worker, Reuben was given a 90-day extension period.

Reuben secured a temporary job as a machine operator during this second trial period. He continued to see the therapist weekly and expressed that the job was helping him. The sister was seen several time by the worker and enabled to accept and realize that Reuben could plan for himself. Reuben's continued improvements facilitated a third trial period extension.

During this third trial period, Reuben was enabled by the therapist to express his previously repressed hostile feelings toward his family. Both the mother and the sister continued to modify their controlling attitudes as the supervising worker clarified their understanding of Reuben's needs. As evaluated by the supervising worker, Reuben was recommended for discharge on February 8, 1951.

#### Case Evaluation

This patient's home environment was dominated by females, namely his mother and two sisters. The father's physical condition and his passive dependent ways of reacting negated the patient's acceptance of him as an ego ideal.

Reuben's being deprived of an adequate male person with whom he could identify undoubtedly made it difficult for him to relate to either sex. He was further limited by being the only boy and the youngest sibling in his family. As is the common limitation for the youngest child in a family, this patient was deprived of the possibility of projecting his feelings about his parents on to other siblings. It is possible that his ordinal position made the family more apt to overprotect him.

The mother's considering the father as insignificant may have resulted from the fact that she supported her father. It seems that the mother prototyped all men as insignificant in view of her experience with her father. The mother's attitude may also have been the influencing factor behind the sisters' belief that they were "superior" to Reuben. The sisters' guilt about their unconscious rejection of the patient may have led them to compensate by being overly indulgent of him.

The separation from the family and the loss of his girlfriend seemed to have been the forces that precipitated the breakdown of Reuben's defenses, causing his underlying symptoms to become overt.

This record indicates that the chief contributing factor in this patient's difficulty was family overprotection. Psychiatric services based upon this insight brought about an emancipation from anxiety and dependency.

The concrete services of both the therapist and the supervising social worker indicated the hospital's extension of guidance and support that helped him adjust outside of the hospital setting. The concrete services were geared to environmental manipulation, such as the supervising worker's arranging for the patient to receive psychotherapy, enabling the sister to modify her attitude towards Reuben, and the mother her feelings and understanding of her son's illness.

#### Case 2

Perry, a white 24 year old Hebrew male veteran, was born in New York in 1927. Both parents were also born in New York. The father was employed as an auto salesman. He was considered strict and the dominant figure in the home. The mother was considered a "good woman" in that she was dependent on the father and never opposed his wishes. She raised the family as the husband wanted it.

A twin sister and Perry were the youngest of four siblings. According to the mother, the children's relationship with each other was good.

Perry was considered a good student. He completed high school at the age of 17, and entered college for a year. He refused to return to college the second year because of the possibility of being drafted.

In February 1946, Perry entered military service, where he remained until 1948. Upon discharge, he re-entered college and did well until the latter part of the year. He began to complain of sleepless, restless nights, and appeared tense, irritable, suspicious, and could not concentrate on his subjects. Perry consulted a private psychiatrist who suggested that he be hospitalized. He was admitted to VA hospital on December 5, 1949 with a diagnosis of schizophrenic reaction, paranoid type.

Perry received both electric and insulin shock treatments.

He was also assigned to occupational therapy where he showed particular interest in woodwork and photography. His interest in ward activities was slow, but constant. The physician in charge of his case referred him to Social Service for a pre-trial visit work up on October 11, 1950.

#### Trial Visit Planning

The Social Service Worker interviewed Perry on December 15, 1950, regarding his desire to go on leave. He indicated that he was interested, but felt tense. Re-entering college was his greatest area of concern. The worker referred his request for training under the G. I. Bill for the necessary administrative action.

Perry's parents were interviewed by the worker on December 17, 1950. Both were anxious to have him home. They had no specific plans for him, but wished to do what the hospital thought best.

This case was referred to the VA regional office where a worker was assigned. This referral provided for continued help to Perry with his home and community adjustment. Emphases were placed on the worker's developing a relationship with the patient and his family, in order to facilitate his plans for supervision on leave. The purposes of trial visit and why he would be supervised were interpreted to Perry, and readily accepted. He left the hospital for leave in the custody of his parents on December 28, 1950.

#### Trial Visit Adjustment

During this first trial period of 90 days, Perry decided to cancel his request to re-enter college under the G. I. Bill and entered a curative shop. His projects were self-planned and he seemed to have become less tense. Perry had some difficulty adjusting with his family, which he discussed with the supervising worker. The worker discussed the need for the family to be

less demanding of Perry and clarified their thinking about his condition. This enabled them to be more cooperative and less controlling. In view of Perry's slow but good use of his first trial period, he was given a second 90-day extension.

Arrangements were made for Perry to receive psychotherapy during this second trial period. He continued to evidence improvement with his work in the curative shop. The worker also arranged for Perry's parents to be seen by the therapist which furthered their desire and ability to be helpful in their son's adjustment. Perry's improvement was slow, but constant; therefore, he was given a third trial period extension.

During Perry's third trial period, he was tested at Vocational Rehabilitation and Education to determine what type of work he was more apt to be successful doing. He later discussed repressed sexual material which increased his anxiety. The therapist was able to lessen his tense feeling somewhat, but decided that his interest in employment should be discouraged until a later date.

Perry requested that he be discharged, which the supervising worker recommended in view of his slow but constant progress.

#### Case Evaluation

The patient came from a home environment that was strict and dominated by the father. The strict attitude of the father may have been an unconscious rejection which the patient sensed. Therefore, Perry's fear of the father may have blocked his handling of his ambivalent feelings and identifying with both sexes.

Perry's ordinal position may have caused him further emotional difficulty, in that he and a twin sister were the youngest of four siblings.

Thus, they were probably overprotected and limited in their activity, which blocked their development towards becoming emotionally mature and independent.

Perry's transition from service life to that of a civilian was probably anxiety creating for him, in that it meant assuming responsibility. His resistance and insecurity evidenced themselves during his college year in the form of loss of appetite, inability to concentrate on his subjects, restlessness and irritability.

This case indicates that this patient's chief difficulty was his inner struggle to become independent over against his desire to be dependent. Planned psychiatric services for Perry, based on the factors involved in the growth process from childhood to adulthood, made it possible for his development of self-reliance, and the acceptance of his limitations (cancelling of desire to enter college).

The concrete services made available to Perry and this family by the supervising worker, the therapist and the use of the curative shop, enabled the family to modify their attitudes toward Perry. They also constituted the basis for the building of Perry's development of self-reliance and independence. Arrangements by the worker for both the patient and his parents to receive psychotherapy enhanced his chances for recovery. The therapist recognized that Perry's physical and mental condition would not permit him to work, and therefore suggested that employment be delayed. Consequently, the patient avoided an emotional taxation which may have blocked his adjusting successfully.



## Case 3

Henry, a white 37 year old male veteran, was born in New York in 1914. Both parents were also born in New York. The father, employed as a contractor, did not believe in "petting" his children, and was rather strict in handling them. The mother suffered with heart trouble, which limited her activities in the home. She was extremely dependent on the father and encouraged the children to take their problems to him. In view of the father's strict attitude, the children seldom shared their problems with the father. The mother died in 1924, at which time Henry and a twin brother were 10 years old. Their sister, who was five years their senior, assumed the role of mother.

Henry and his twin brother were the youngest of 4 siblings. The sister was employed when the mother's death occurred. Seven years later, she married a successful businessman who said, "When I married, my family was already established." Apparently he did not object to providing for his brothers-in-law.

Henry never showed any interest in school. He completed high school in 1932. However, he did odd jobs around the stores that his brother-in-law owned, but did not attempt to secure permanent employment.

Nine years later, 1941, when Henry was 27, he entered military service. In 1943, he received a medical discharge for a nervous disorder. Upon returning home he secured his first job at the age of 29, as a bartender.

Having worked four years as a bartender, Henry began to complain of headaches and felt that he was going to die of cancer. His condition became progressively worse. The owner of the bar decided to close his business, which put Henry out of a job. After this, Henry was forced to sell his car and give up the room which he had been renting. He moved in with his sister, but felt that he had lost his car and job because people were against him. He continued to complain of headaches, appeared restless, and irritable. He consulted a private psychiatrist for several months, but to no avail. Consequently, the psychiatrist suggested that he seek more intensive treatment. On August 24, 1948, Henry was admitted to VA hospital with a diagnosis of schizophrenic diagnosis, paranoid type.

He received insulin shock treatment for seven months. In addition he was assigned to occupational therapy where he showed particular interest in the educational department. He did not respond with any degree of success, however; therefore the staff recommended individual and group therapy. This enabled him to become less tense and suspicious. A year and a half later, he was referred by the physician handling the case to Social Service for a pre-trial visit work up on May 16, 1950.

### Trial Visit Planning

The Social Service worker interviewed Henry on May 24, 1950. He was anxious to leave the hospital, but had no desire to return to his relatives. He discussed his hostile feelings towards his sister. His greatest concern was securing employment. The worker discussed the possibility of his securing a job as a dishwasher, which met his approval.

Due to the fact that Henry was not supervised by a VA regional office worker, it was not necessary to refer his case. Emphases for the supervising worker were upon developing a relationship with Henry's future employer and formulating plans that would facilitate his work, social and community adjustment. On June 6, 1950, Henry left on trial visit in his own custody.

### Trial Visit Adjustment

During this first 90-day trial visit period, Henry evidenced the ability to handle his job. He was cooperative and made steady progress. Near the latter part of the first period, however, his work performance became sloppy, and on several occasions others had to do his work. He discussed his difficulty with the hospital social worker. It seems that many people were giving Henry orders, which was upsetting to him. The worker discussed his feelings with his employer, who decided to discharge Henry. The employer let Henry remain until another job could be secured for him. In view of Henry's improvement and his ability to accept disappointment (loss of job), he was given an extension of 90 days.

Henry secured another job washing dishes during his second trial period. The supervising worker discussed Henry's attitude towards work supervision, which he accepted most readily. He continued to evidence the ability to handle himself socially and economically. In view of his continued good use

of his trial period, he was given a third extension.

During this third trial period, Henry moved to a "Y" as he thought he should be closer to more people. He continued to evidence improvement socially and economically, with an increasing ability to face reality, be it painful or pleasant. On June 6, 1951, Henry was discharged.

#### Case Evaluation

This patient came from a home where the father's strict attitude did not permit him to praise or evidence affection towards the patient. This probably hampered the patient's learning how to handle his feelings of ambivalency and his identification with both sexes.

Henry's inner conflicting feelings were probably amplified with the death of his mother when he was 10 years old, as this deprived him of an outlet by which he could identify himself with the opposite sex.

The sister and brother-in-law furthered Henry's dependency. This was evidenced in their permitting him to do odd jobs, and his not securing a permanent job until he was 29 years old. He evidenced his resistance to moving towards independence by complaining of headaches and the fear of dying of cancer. It appears that the loss of his job as a bartender, and the loss of his car were the forces that precipitated the breaking down of his defenses. This was evidenced in his feelings that "people were against me."

This patient's chief difficulty was overprotection and emotional immaturity. Psychiatric services based upon this insight of his struggle to obtain independency over against dependency, and his willingness to assume responsibility brought about Henry's emancipation from his sister and her husband.

The specific services made available to Henry by the medical staff, and

the hospital's supervising worker, enabled him to assume responsibility and move toward independence. The worker's securing of a home and job placement combined, for the patient, made it possible for him to test himself outside of the hospital. Acceptance by the worker of the patient's inability to work on his first job while receiving orders from several people, furthered his self-confidence. Finally, after having secured another job, the support offered the patient along with guidance and acceptance of his self-planning, enabled the supervising worker to facilitate Henry's adjustment.

Cases 4 and 5 were diagnosed as schizophrenic reaction, hebephrenic type. This classification is characterized by shallow, inappropriate affect, unpredictable giggling, silly behavior and mannerism, delusions often of a somatic nature, and hallucinations.<sup>1</sup>

#### Case 4

George, a white 31 year old Hebrew male veteran, was born in Brooklyn in 1921. Both parents were born in Europe. The father owned a leather and auto garage business. He was considered a successful businessman and a leader. The father died, when George was 9 years old, of a heart attack. The mother suffered with hypertension, which limited her ability to participate in family activities. The mother sold their business to a relative. It was the children's impression that their mother was taken advantage of in view of her physical condition and limited knowledge of business management.

George was the second of four siblings. It was his younger brother's and sister's impression that George was "lazy" and a "bum," because he was not carrying out his role as the eldest male in the family. Thus, he did not indicate any of the father's "good qualities."

It seems that George had good ability, but would not apply himself in school. On several occasions while in junior high school, George was untidy, uninterested in his work, and mischievous. He completed high school at the age of 18, and entered college for two years, studying accounting.

In 1942, a few days prior to his induction into military service, George was struck on the head, and entered camp with

---

<sup>1</sup> Ibid.

bandages on his head. His comrades felt that he was deliberately trying to avoid responsibility. He was discharged in 1945.

Upon returning home, George appeared tired and undecided about the future. Four years later, in October 1949, he became extremely upset, expressing his concern over his mother's illness. He blamed the relative who purchased his father's business for his mother's illness and her poor business management. His defense gave way in the form of loss of appetite, restlessness and irritability. A physician referred him to VA hospital. On October 28, 1949, George was admitted with a diagnosis of schizophrenic reaction, hebephrenic type.

George received both electric and insulin shock treatment for four months. He was also assigned to occupational therapy where he showed particular interest in manual arts. The physician in charge of the case referred him to Social Service for a pre-trial visit work up on February 24, 1950.

#### Trial Visit Planning

The Social Service worker interviewed George on February 27, 1950, regarding his desire to go on trial visit. He indicated that he felt uncertain about his ability to adjust outside of the hospital. He had no specific plans for the future.

On March 4, 1950, George's mother and sister were seen by the social worker regarding their desire to help in planning trial visit. It was their impression that George should relax and depend on them while home on leave.

This case was referred to the VA regional office and assigned to a regional office worker. This referral to the VA regional office provided for continued help to George with home and community adjustment. Emphases were upon the supervising worker's developing a relationship with the patient and with his parents for formulating plans that would facilitate George's home and community adjustment. The purposes of trial visit and why he would be supervised were interpreted and readily accepted by the patient. He left for trial visit on April 6, 1950 in the custody of his mother.

### Trial Visit Adjustment

During this first trial visit period of 90 days, George spent most of his time at home relaxing. He complained of feeling tense, and the supervising worker arranged for him to receive psychotherapy, which he readily accepted. His mother and sister were cooperative and made sincere efforts to insure his recovery. George was given a 90-day extension in spite of his tenuous adjustment.

George continued to spend most of his time at home, watching television and seeing his therapist. He complained because he felt that he needed to see the therapist more often. The supervising worker explained that his request would not be possible in view of the therapist's schedule. George evidenced some resistance, but remained cooperative. In view of his slow and constant progress, he was given a third 90-day extension.

During this third trial period, George again complained of his need to see the therapist more often. The supervising worker explained that it could not be arranged, but suggested rehospitalization for more psychotherapy. George was not willing to consider rehospitalization in spite of his discomfort. The worker discussed the situation with the patient's mother, who, like he, felt that the patient should be discharged. As evaluated by the worker, George's chances of continuing to adjust at the present level was thought possible. He was discharged on April 6, 1951.

### Case Evaluation

This patient came from a home where he was emotionally deprived of the opportunity of learning how to handle his feelings of ambivalency, in that the father's death when George was 9, and the mother's physical condition, limited his development of an adequate ego-ideal.

George's ordinal position posed further problems for him, in that as the older male of the family, he had to assume the responsibility of providing for them. Consequently, his younger brother and sister called him "lazy" and a "bum" because he could not live up to the father's high standards. As a result, George developed repressed feelings of resentment and hostility.

The blow that George received on the head may have caused his further difficulty and frustration, in that when he appeared in military camp, his injury limited his ability to assume some of the duties expected of his company. Consequently, his comrades felt that he was deliberately avoiding responsibility, just as his siblings previously had done. As a result, George's feelings of inferiority and repressed hostility were probably transferred to his service experience.

The transition from military service to that of a civilian was probably threatening to George, as evidenced in his uncontrolled crying, loss of appetite, restlessness and irritability.

The patient's chief difficulty was overprotection and emotional deprivations, which made his development towards independency unusually difficult.

George's willingness to face reality rather than escape with flight into illness, and therapy based on psychiatric understanding of the problem, brought about his slow development towards self-reliance.

The supportive services made available to George and his parents, by both the therapist and the supervising worker, enabled them to modify their attitudes, which ensured George's chances of adjusting satisfactorily. The supportive services, or the manipulation of this patient's environment, furthered his adjusting. This was made possible by the worker's arranging for

his treatments of psychotherapy. The worker's acceptance of George's need for more attention from his therapist, and her enabling him to realize and accept the fact that more attention could not be granted, furthered his ability to face reality.

#### Case 5

Charles, a white 33 year old Catholic male veteran, was born in New York in 1918. Both parents were also born in New York. The father employed as a carpenter, seldom spent much time with the family because he was either working, sleeping, or drunk. The father was committed to a mental institution when Charles was 9 years old. The mother suffered a heart condition, which limited her activity in the home. She died when Charles was 22, of a heart attack.

Charles was the third of five siblings. Their relationship with each other was good. The elder brother became the head of the family when the mother died.

Charles completed high school at the age of 18. He then secured employment as a bell hop, but never shared the day's experience with his family.

This patient entered service in 1942, and was discharged in 1946. Upon his return home, he began drinking excessively, appeared withdrawn at home, lost his appetite and was restless. He would cry intermittently, and he could not go to work. (He had previously praised his job.) Charles became alarmed about his feelings and had himself admitted to a psychiatric hospital. He was transferred to a state institution where he remained a year and a half before being transferred to VA hospital, for more intensive treatment, on January 20, 1949, with a diagnosis of schizophrenic reaction, hebephrenic type.

Charles received electric shock treatment for five months. In view of his apathy, Charles was assigned to physical medical rehabilitation in the arts and crafts section, to stimulate his interest in a particular project. When Charles showed some improvement he was referred by his physician to the Social Service for a pre-trial visit work up on July 29, 1950.

#### Trial Visit Planning

Charles was interviewed by the Social Service worker. He indicated that he was anxious to leave the hospital, but was concerned about becoming a musical comedy star. The worker, knowing that Charles had no talent, explored the possibility of a job placement of a more guarded nature.



On August 4, 1950, the worker interviewed the older brother regarding his desire to participate in trial visit planning. He indicated that he did not; consequently, the Social Worker decided to try to discover a job placement in a private home in the nearby metropolitan area.

The Social Service worker learned of such a job on August 8, 1950. The patient showed interest in the placement, and after investigating it, as suggested by the social worker, he agreed to operate a dishwashing machine.

Due to the fact that Charles was not supervised by a regional office worker, no referral was made to the VA regional office. Emphases were placed upon the worker's developing a relationship with Charles' future employer to facilitate his work, home, and community adjustment. The purposes of trial visit and why he would be supervised were explained to Charles and readily accepted by him. He left for trial visit in his own custody on August 12, 1950.

#### Trial Visit Adjustment

During this first trial visit period of 90 days, Charles accepted and showed steady improvement in his ability to handle his job. He shared the responsibility of operating the dishwashing machine and preparing the food. His work supervision indicated that he was getting on very well. As evaluated by the supervising worker, Charles was given 90 days extension.

On the second trial visit period of 90 days, Charles began drinking regularly. His work supervisor discussed his drinking and persuaded him to stop. His work and social adjustment, however, were not blocked by this sudden desire to drink; consequently, he was given a third extension.

It was during this last extension period that Charles consistently evidenced the ability to handle financial, social, and employment affairs well.

He developed more confidence and appeared more stable. He discussed his adjustment with the supervising worker and his desire to start a savings account. In view of his obviously good adjustment, Charles was discharged on August 12, 1951.

#### Case Evaluation

This patient came from a home where he was deprived and blocked emotionally. The father was seldom home and drank excessively. The father's apparent need to consume large quantities of alcohol evidenced his probable feelings of inferiority and insecurity. Therefore, the father's child-like ways of handling situations and his absences from home negated him as an ego-ideal for Charles. The mother's physical condition limited her ability to make herself available. Charles, as a result, was extremely neglected, when he most needed both parents.

The father's hospitalization and separation from Charles when he was 9 furthered his anxiety and frustrations that already existed in his family relations.

Charles' ordinal position may have caused further development of his inferior feelings. As the middle child is commonly forced to do,<sup>1</sup> Charles also had to strive to equal the elder and keep in advance of the younger, along with the probability of having received less parental affection from the mother.

The transition from military life to that of a civilian probably threatened Charles, as evidenced in his excessive drinking, withdrawn behavior and his inability to accept work and responsibility.

---

<sup>1</sup>O. S. English and G. J. Pearson, Common Neuroses of Children and Adults (New York, 1937), pp. 43-44.

This patient's difficulty was emotional deprivations which caused him to develop intense feelings of inferiority and an unconscious desire to be dependent. Psychiatric services based on this insight facilitated Charles' emancipation from inferiority and dependency.

The concrete services and support given the patient by the supervising social worker and his employer enabled him to accept his brother's refusal to assist in planning for his trial visit. The worker's securing of a job for Charles made it possible for him to test himself outside of the hospital. Her acceptance of his probable feelings in insecurity when he started drinking during his second period, and yet making him aware of the possible harm that could result from this habit, furthered Charles' adjustment. The worker's constant support prompted the patient to move towards independency. This was evidenced by his starting a savings account.

Case 6 was diagnosed as schizophrenic reaction, catatonic type. This classification is characterized by conspicuous motor behavior, exhibiting either marked generalized inhibition (stupor, mutism, negativism and waxy flexibility) or excessive motor activity and excitement. The individual may regress to a state of vegetation.<sup>1</sup>

#### Case 6

James, a white 27 year old Catholic male veteran, was born in Dobbs Ferry in 1924. Both parents were also born there. The father was employed as an insurance man. He worked up to the position of assistant manager of a branch office, which he held for 15 years. He decided to give it up because, "I want to live longer." The father's employment often kept him away from home. It was his impression that "it must be done if I am to keep up with the neighbors." The father objected to James' working because, "I want to spare him of the hardships I faced as a boy." The mother was

---

<sup>1</sup>Nomenclature of Psychiatric Disorders and Reactions, op. cit.

physically weak and very dependent upon the father. Both parents objected to spanking their children, but would deprive them of some pleasure they desired very much.

James was third of five siblings. Their relationship to one another was considered good by both parents.

James never showed any interest in school academically, but was particularly interested in sports. He completed high school at the age of 18. He immediately entered the army in 1943, and in 1945 was discharged.

Upon discharge, James entered collage; however, he was more interested in the athletic department than he was in any academic department of the college. Being especially interest in hockey, he became a member of the team, and one of the best hockey players. However, because he did not apply himself academically, he flunked out, and was forced to withdraw from school.

In 1948, James met a girl whom he married. It was the mother's impression that the wife could not care for her son because of her "Italian instinct." The mother felt that all Italians were miserly; therefore, her son would not be adequately cared for by his wife. During the latter part of 1948, James left home for two days, taking all of the money in their joint savings account, and spent it "foolishly." He never explained what happened. The wife said he acted "strange," in that he was so carefree.

In 1950, while at a picnic, James appeared preoccupied and worried. He told his wife that three men in the group called him a "sissy," and that the wife's father called him "crazy." Upon returning home, the wife referred to the picnic incident, and James left the house. Since he did not return immediately, the wife decided to visit her mother. On her way to her mother's home, she saw her husband hiding behind a bush. Apparently James did not recognize who she was, because he asked, "What is the matter, lady?" The wife continued on to her mother's house. When she returned home, James had taken all of his clothing and gone. He was away for several days. One morning about 2 a.m., James phoned his wife and she had the police arrest him. The judge decided that James needed hospitalization. He was admitted to the VA hospital on August 8, 1950, with a diagnosis of schizophrenic reaction, catatonic type.

James received electric shock treatment for two months, and was also assigned to occupational therapy where he seemed interested in the ward activities. The physician handling the case referred him to Social Service for trial visit work up on September 3, 1950.

#### Trial Visit Planning

The Social Service worker interviewed the patient on September 5, 1950.

He appeared uncertain about his ability to adjust outside of the hospital.

He expressed his hostile feelings toward his wife and her family; however,

he said if his wife wanted him home, he would accept trial visit.

The wife was interviewed by the worker regarding her desire to help with trial visit planning. She indicated that it would be difficult living in her mother's home until they could secure an apartment.

This case was referred to the VA regional office, where it was assigned to a regional office worker. This referral provided continuous help to James with home and community adjustment. Emphases were upon the worker's developing a relationship with James and his wife for formulating plans that would facilitate his trial period. The purposes of trial visit and why he would be supervised were interpreted and readily accepted. James left the hospital for trial visit on November 13, 1950, in the custody of his wife.

#### Trial Visit Adjustment

During his first trial period of 90 days, James spent most of the time at home resting and trying to secure employment. He was able to discuss his illness and "thanked" his wife for having had him hospitalized. He requested psychotherapy, which was arranged by the supervising worker. In view of his good use of his trial period, he was given an extension of 90 days.

James secured an apartment during this second trial period. He spent most of his time in the evenings landscaping the lawn. With the help of his wife, he secured a job as a mechanic. In view of his improvement, he cancelled his request for psychotherapy. James was given another extension for his continued improvements.

Constant and increasing improvements were evidenced by James during his last trial period. He had received a raise in salary and was adjusting well socially, economically, and on the job. Both he and his wife were anxious for his discharge, which was granted on November 13, 1951.

## Case Evaluation

This patient came from a home where he was probably over-protected and restricted because of the father's attitude and desire to spare the son of the "hardships" which he had faced as a child. The father, being a successful businessman with assurance and independence, was probably the patient's ego-ideal on the one hand; yet the patient probably unconsciously hated the father for blocking his development of self-reliance and mature independency. The patient's repressed feelings of hostility may have caused him to develop feelings of guilt and the fear of retaliation and anxiety.

The mother's physical weakness and her extreme dependency negated her as a balance for the patient's conflicting feelings, which may have furthered the basis for the formulating of his frustrated emotional constellation.

Marriage for the patient posed a problem, because the selected mate did not meet his mother's approval. This apparently was upsetting to the patient and furthered his need to repress his feelings. He apparently could not speak against his mother, and therefore projected and displaced his feelings to his wife's family, as evidenced during the picnic occasion. The patient's increasing repressed, guilty, and hostile feelings caused him to become tense, suspicious, and depressed.

The patient's pride and his slight awareness of his difficulties would not permit him to express his desire to relinquish his burden of independence and responsibility to again become the dependent, overprotected person he was in childhood. As a consequence, he was driven to live emotionally beyond his means. Therefore, the inner conflicts between the development towards independence, self-reliance and maturity, over against the desire to regress to the happier time of his childhood were intensified. Disturbances

of thought, feelings and behavior developed. This was evidenced in the patient's child-like behavior when he left the wife for two days, his profuse use of their savings, and his phoning her at two a. m. on several occasions. At this point, his need for medical attention became overt and he was hospitalized.

The patient's chief difficulty was overprotection, which limited his ability to tolerate frustration and move towards independency. Psychiatric services made it possible for James to slowly accept and handle responsibility, thus freeing him from dependency on his parents.

The support offered the patient by his wife, the supervising worker, and his employer, strengthened his home, community and work adjustment. The constant acceptance and support that were offered the patient by his wife and the supervising worker, formed the basis for his development towards independence. The securing of a job evidenced his adequacy as a male; therefore, when the family secured an apartment to themselves, the patient felt free and less restricted. Consequently, his desire to recover gained momentum and was strengthened.

Case 7 was diagnosed as schizophrenic reaction, simple type. This classification is characterized by reduction in external attachments and interest, impoverishment of human relations, involving functioning on a lower psychobiological level.

#### Case 7

Harry, a white 25 year old Protestant male veteran, was born in Philadelphia in 1926. Both parents were born in New York. The father's employment as a musician in a small band often kept him away from home, or when at home, resting or asleep. At times he did discuss music with Harry, to the latter's enjoyment; but in general, he had little extra time to give his son. The mother was considered "easy going." Her desire was to meet her husband's wishes. Apparently the marriage was satisfactory for the first

eight years. However, when the patient was nine years old, the parents divorced because of the father's involvement with another woman.

The father moved out of the state and was never heard from again. The mother and the patient moved in with his grandparents. Four years later, when the patient was 13, his mother re-married. She and her second husband started housekeeping several blocks from where Harry remained, because the mother felt that it would be difficult for him to accept a step-father.

Harry, as an only child, was well-provided for. Both his mother and grandmother showered him with gifts. The grandmother was extremely protective of the patient. She often sat watching him play from her window. She would not permit him to cross a street alone until the age of 12; consequently, he was often called a "weekling" or "sissy," and considered sensitive. The grandfather became his close companion, taking him to movies, ball games and other activities.

Harry attended school only because the parents required it. However, after his mother died of cancer, when he was seventeen, and in the first year of high school, he stopped school and entered the service in 1943 until his discharge in 1946. He re-entered service in October 1947, when his grandmother suggested that he secure employment.

During his second enlistment, while stationed in the South, Harry met a girl whom he married within two weeks. This upset the grandmother, who objected because, according to her, "it is so unlike him not to discuss his plans with the family." Shortly after the marriage the patient was sent overseas where he heard from his wife only once. He made several efforts to locate her, but to no avail. The grandmother heard from the wife only once. She considered the wife "illiterate," because she could not write a pleasant letter.

While in service, in September 1949, Harry was hospitalized in a naval hospital with a diagnosis of schizophrenic reaction, hebephrenic type. Four months prior to his hospitalization, he became restless, hypersensitive and irresponsible. He began to ramble in his speech, and appeared preoccupied. Two weeks later, on September 6, 1949, he was transferred to VA hospital with a diagnosis of schizophrenic reaction, simple type.

Harry received electric shock treatment for two months. He was also assigned to occupational therapy where he showed extreme interest in woodwork, self-planned projects. His interest in the fine arts became apparent, in that he enjoyed singing, dancing and entertaining the other patients. Consequently, in view of his improvement, he was referred to Social Service for a pre-trial visit work up by his physician.

#### Trial Visit Planning

On November 10, 1949, the Social Service worker interviewed Harry



regarding his desire to go on trial visit. He appeared anxious and indicated that he wanted to study dramatics on the G. I. Bill. He also requested that his grandmother receive a portion of his allotment, which was referred by the worker for administrative consideration.

On November 13, Harry's grandmother was seen by the worker. She indicated that she wanted her grandson home. However, she felt that his desire to become an actor was "foolish." The worker discussed the need for her to change her attitude towards the patient. The worker realized that the grandmother's overprotectiveness would constitute a threat, unless she were enabled to change and become more accepting of the patient.

When trial visit was granted, this case was referred to the VA regional office where it was assigned to a regional worker. This referral provided for continued help to Harry outside of the hospital with home and community adjustment. Emphases were upon the worker's developing a relationship with the patient and his grandmother for formulating plans that would enable Harry to receive the type of supervision needed. The purposes of trial visit were interpreted, and readily accepted. On December 1, 1950, he left the hospital in the custody of his grandmother.

#### Trial Visit Adjustment

During this first trial period of 90 days, Harry spent most of his time seeing veteran representatives about his compensation and enrolling in dramatic school. He consistently evidenced some ability to plan for himself and adjust outside the hospital. Both the patient and his grandmother utilized all opportunities to acquaint the supervising worker with his efforts toward adjustment.

Because of his obvious good use of time during the first 90 days trial

period, Harry was given an extension of another 90 days. His ability to handle his financial and social affairs became more and more evident. Harry began keeping company with a woman who was a few years older than he. His grandmother became upset and apparently the patient severed this romantic relationship because of his awareness of his grandmother's discomfort. He then accepted the company of a woman closer to his own age level, and evidenced improvement in his dramatic training with an increasing ability to make realistic goals for himself, such as planning for other areas of work that he might accept if he was not able to continue with his dramatics.

During the latter part of his second extension leave period, the patient's allotted time for G. I. aid in training expired and he had to secure a job. He accepted this interruption, realizing and verbalizing that he was aware of the fact that it may take time for him to succeed in dramatics or fail completely.

In view of the continuing progress in this patient's adjustment as evaluated by the supervising social worker, in reference to the community, his relationship with his grandmother and his job, he was discharged on December 1, 1951.

#### Case Evaluation

This patient came from a home in which his earlier development and ability to identify with both sexes were blocked. The father's employment as a musician often kept him away from home. However, when he was home, he was usually asleep, which necessitated that the patient's activity be curbed. These deprivations and limitations of the patient's development may have caused him to develop unconscious feelings of hostility and resentment towards the home situation.

The mother's dependency on the father and their separation when the patient was nine years old, probably increased his difficulty. This meant that during the patient's period of latent development, he was further deprived of the opportunity of identification with both sexes as he was also deprived during his earlier childhood development. Consequently, his relationship with others outside of the family group would probably be extremely threatening to him.

The patient, as an only child, was probably blocked further in his development towards independence. A very common practice of parents with only one child is their tendency to overindulge, and overprotect them, along with the child's deprivation of being unable to project his feelings about parents onto sibling substitutes. Therefore, as a solution, this patient probably repressed his feelings and assumed a passive attitude.

The overprotective attitude on the part of both the patient's mother and grandmother may have been an indication of their unconscious rejection of him. The patient may have sensed their rejection, but continued to evidence passivity. However, when the mother died, the patient suddenly entered service, which may have evidenced his overattachment to his mother, or his desire to escape the inner conflicts caused by his home situation.

The grandmother's persistency in suggesting that the patient secure employment was probably upsetting in that it meant he was moving towards independency. He evidenced his resistance towards becoming independent by again entering military service. Apparently his anxiety had become so great that his underlying conflict promoted the development of symptoms which evidenced his need for medical care.

This patient's chief difficulty was emotional deprivation and

overprotection, which caused him to develop intense feelings of insecurity, inadequacy, and an unconscious desire to remain dependent. Emancipation, and the development towards independency were brought about by psychiatric understanding of the growth process from childhood to adulthood.

The specific support of the wife, the supervising worker and Harry's securing of a job formed the foundation for his movement toward independency.

In discussing the preceding seven cases, it appeared that there were factors common to each patient's difficulties. These factors were: (a) emotional deprivations, with resulting frustration and anxiety; (b) introversion or withdrawal, with resulting failure to retain contact with environment and to maintain personal relationships, (c) regression and flight into illness, (d) symptom formation as a solution to the problem.

There were also factors common to each patient's making a satisfactory trial adjustment. These factors were: (a) realization that flight itself was not a solution to the conflict; (b) only partial damage of ego-structure, which made it possible for acceptance of treatment and the ability to "test" treatment outside of hospital setting; (c) concrete services of the supervising social worker, and therapist that were available to both patient and family, based on psychiatric understanding of the problem.

## CHAPTER III

### SCHIZOPHRENIC REACTIONS, UNCLASSIFIED TYPES

In this chapter, the writer proposes to present and evaluate the successful trial visit adjustment of eight patients who were diagnosed as schizophrenic reaction, unclassified type. The writer is not attempting to compare the adjustment made by those patients who had a classified diagnosis with those who were diagnosed as unclassified. The two categories are made specifically to facilitate the reader.

Cases 8 to 15 were diagnosed as schizophrenic reaction, unclassified type. This type of schizophrenic reaction cannot be appropriately classified under the four Kraepelin types. There are two groups within this type: (a) acute symptom -- confused thinking and turmoil of emotion, manifested by perplexity, ideas of reference, fear, dream states and dissociative phenomena; and (b) chronic symptom -- mixed symptomatology.<sup>1</sup>

#### Case 8

Samuel, a 29 year old Protestant Negro male veteran, was born in South Carolina in 1922. Both parents were also born in South Carolina. The father worked as a farmer until 1927. The family then moved to New York and the father secured a job as a laborer with a lumber company. He was considered passive in the home and felt that the rearing of children was a "woman's job." The mother handled all the affairs in the home. She did not believe in whipping children, but felt that she should reason with them.

Samuel was the youngest of three siblings and the only boy in the family. It was the mother's wish that they have only two children. Samuel later learned of her wish and often said, "My older sister belongs to father and the younger belongs to mother; but I am left out." The patient was enuretic until the age of 6, and at the age of 9, he had an attack of rheumatic fever. He was hospitalized for six weeks.

At the age of 16, Samuel caused a young girl to become pregnant, and as a result of an abortion, secured by his mother, the girl died. Samuel was upset and blamed himself for her death.

He graduated from high school at the age of 17, and entered

---

<sup>1</sup>  
Ibid.

service in 1942, where he remained until discharged in 1945. In December 1945, he met a girl at a party, to whom he became engaged. They were married in 1947, in spite of the mother's objections. The mother felt that her son was "not settled" for marriage. After marriage, Samuel drank excessively, refused to work regularly and appeared dissatisfied. He became alarmed about his behavior and consulted a physician. From July 1, 1947 through September 13, 1947 he was treated unsuccessfully, and finally referred to VA hospital for continued treatment. On October 5, 1949 he was admitted with a diagnosis of schizophrenic reaction, unclassified type.

He received insulin shock treatment for five months, along with individual and group therapy. Samuel was also assigned to occupational therapy, where he did not evidence any particular interest. He was cooperative and participated in ward activities. In view of his minimum improvement, the physician referred him to Social Service for a pre-trial visit work up on March 1, 1950.

#### Trial Visit Planning

The Social Service worker interviewed him on March 4, 1950 regarding his desire to go on trial visit. He appeared anxious and indicated that he would accept trial visit, but preferred to leave in his own custody, or the custody of his mother. He felt that the differences between him and his wife were too great.

On April 10, 1950 his wife was seen by the Social Service worker regarding her desire to help in trial visit planning. She evidenced ambivalence and hostility towards her husband. It was her impression that he had improved, but she was fearful that he would drink excessively and "mistreat" her.

The patient's mother was interviewed on April 12, 1950 regarding her desire to help in planning for her son's trial visit. She was anxious and wanted her son home as soon as possible. The worker discussed the fact that the patient was still in need of constant guidance and help, which the mother readily accepted.

This case was referred to the regional office, where it was assigned

to a regional worker. This referral to the VA regional office provided for continued help to Samuel with home and community adjustment. Emphases were upon the supervising worker's developing a relationship with Samuel and his mother for formulating plans that would facilitate his trial adjustment. The purposes of trial visit and why it would be necessary to supervise Samuel were interpreted and readily accepted. In view of the patient's and his wife's feelings, the medical staff decided that trial visit in the custody of his mother might be of therapeutic value. Consequently, he left the hospital on April 29, 1950 in the custody of his mother.

#### Trial Visit Adjustment

During the first 90 days, Samuel spent most of his time at home and tried to reconcile the differences between himself and his wife. The wife evidenced that she was no longer interested, which upset him. He discussed this with the supervising worker and his mother. The worker accepted his disappointment and enabled him to realize that this was a reality that he had to face. He requested psychotherapy on an out-patient basis, which the supervising worker arranged. In view of the fact that the wife's rejection upset him, he accepted the reality and the concrete services that the supervising worker made available to him through the therapist. Thus, he was granted an extension of 90 days.

Samuel, during the second 90-day trial period, was able to clarify his feelings toward his wife, and his environmental conflicts, with the help of the therapist. He enrolled in a tailoring course, where he made a satisfactory adjustment. He continued to improve and was given another 90 days extension.

During this third trial period, the patient continued to see his

therapist intermittently. He completed his tailoring course and secured a job. He continued to show ability to handle himself socially, educationally, and economically, evidenced his possible readiness for discharge. On April 29, 1959, he was discharged from trial visit.

#### Case Evaluation

Samuel came from a home where females were in the majority. The father's passive role and his belief that rearing children was a woman's job may have caused him to be distant and cold towards his son. This probably limited Samuel's opportunity to identify with a male. As a result of his deprivation, he probably developed hostile, resentful feelings toward the father.

The mother's controlling, dominant attitude further blocked Samuel's emotional development, in that she and the other siblings tended to overprotect him because he was the youngest sibling and the only boy in the family. Therefore, his ordinal position may have pre-conditioned his overprotection. This contributed to his inability to obtain independency.

Samuel's inner conflicts were probably intensified, in that the girl whom he had made pregnant died while undergoing an abortion. He constantly expressed guilt feelings afterwards.

Two years later, Samuel entered service where he apparently adjusted well. Upon discharge and return to civilian life, he met a girl whom he married against his mother's wishes. His internal conflict gave way to uncontrolled drinking, inability to accept employment, and general dissatisfaction. The symptoms evidenced Samuel's need for medical attention.

This patient's chief difficulty was overprotection and extreme feelings of guilt, which hindered his emotional development towards independency.



The support and guidance given this patient by the worker made it possible for him to accept his wife's rejection. The worker, planning along with the patient and arranging for him to receive psychotherapy and enroll in tailoring school furthered his recovery. The therapist was able to clarify much of his unconscious conflicts; therefore, lessening his fear, anxiety and frustration. As these inner blocks decreased, more self-reliance developed in this patient and enhanced his recovery.

#### Case 9

Oscar, a white 24 year old male veteran, was born in New York in 1927. Both parents were also born in New York. The father's employment as a production engineer often kept him away from home. He was a strict person and often said "no" to his children's requests. The mother considered the father "moody," and his "spells" lasted from one to two weeks. As a result of the father's behavior and strict attitude, the siblings felt that they had to be "formal" in his presence. The mother had the sole responsibility of rearing the children. Each child was given a duty to perform around the house, according to size and age. It was the mother's impression that the children were more relaxed with her than with their father.

Oscar was the fifth child of ten siblings. The mother considered the relationship between them as good. Oscar was quiet and withdrawn, which the mother felt was the result of the father's influence.

Oscar was the poorest student of all the siblings. He never showed any interest in his school assignments. This upset the parents, but they never forced him to apply himself. In 1944, at the age of 17, Oscar stopped school and entered the service, where he remained until 1946. He then secured a job reading meters for a year.

Three weeks prior to his hospitalization, Oscar went to the home of his oldest sister one morning and told her, "I am going to die. I have cancer of the head." On another occasion, he complained of headaches and said he was going to die of heart trouble. He refused to go to work and cried intermittently. The mother suggested that he see a physician, who had him enter a general hospital for ten days, during which time he was seen by a psychiatrist. On March 14, 1950 the patient was referred to VA hospital with a diagnosis of schizophrenic reaction, unclassified.

He received shock treatment for four months and was also assigned to occupational therapy, but did not evidence any particular interest. The physician in charge of the case referred him to Social Service for a pre-trial visit work up on August 8, 1950.

### Trial Visit Planning

The Social Service worker interviewed the patient on August 10, 1950 regarding his desire to go on trial visit. He immediately indicated that he wanted to leave the hospital. He talked at length about his marriage, which he apparently felt would be harmed or blocked if he remained in the hospital.

On August 12, 1950, Oscar's parents were seen by the Social Service worker regarding their desire to help with trial visit planning. They indicated that they could see improvement; therefore, they were anxious to have him home. They indicated that they had no specific plans, but were willing to assist him in formulating plans for marriage.

This case was referred to the VA regional office where it was assigned to a regional worker. This referral provided for continued help to Oscar outside of the hospital with home and community adjustment. Emphases were upon the worker's developing a relationship with the patient and his parents in formulating plans that would facilitate his adjustment. The purposes of trial visit and why it would be necessary to supervise him were explained to Oscar and readily accepted by him. On September 25, 1950, Oscar left the hospital in his parents' custody.

### Trial Visit Adjustment

During this first 90 days trial visit period, Oscar spent most of his time at home planning for his marriage in November. After it had occurred, he indicated that it was a "great relief," because he was afraid that he would "lose her." He secured a part-time job as a painter, which increased his feelings of self-confidence. Oscar and his wife attended movies, took walks and enjoyed their relationship. Because of his apparent good

adjustment, he was given a 90-day extension.

During this second trial period, Oscar changed jobs and secured a full time painter's position. He discussed his relationship to his family with the supervising worker. It became apparent to him that much of his hostility towards the family had become less. He continued to evidence some ability to plan for himself socially and economically. Consequently, he was granted another trial period extension.

Oscar continued to do well during this third 90 days extension. He began a savings account, which enabled him to relax more. His relationship with his parents continued to improve, which he willingly and anxiously discussed with the supervising worker. In view of the steadily improving trial visit adjustment, the patient was recommended for discharge. It was granted on September 25, 1951.

#### Case Evaluation

This patient came from a strict home setting. The father's employment as an engineer often kept him away from home. This limited Oscar's opportunity to identify with the father. The strict non-talkative attitude of the father probably further blocked Oscar's ego-identification, as he sensed more rejection than love. This rejection probably did not permit the patient the opportunity to express his feelings of love, hate and aggression, depriving him of evidencing affection or receiving praise and approval. Such deprivation would promote hate and hostility within the patient toward his father.

The mother's acceptance and guidance was not enough to compensate for the father's neglect. Her efforts to enable Oscar to work through his inner conflicts may have been further limited by his ordinal position, in

that he probably felt lost among ten siblings.

The patient evidenced his difficulty in the home situation through his indifferent, poor school responses. His entrance into the service may have been an indication of his desire to escape the conflict that he encountered at home. Apparently his passive, dependent personality was an advantage in his service adjustment.

Return to civilian life was probably threatening to him. He tried to adjust to the constant demands of adulthood, but found it too difficult. His relationships did not satisfy his dependency needs. Therefore, his pent up anger promoted anxiety. Having no solution to his inner conflict, he developed symptoms which indicated his need for medical care.

The patient's chief difficulty was emotional deprivations, which resulted in the developing anxiety and inferior feelings that blocked his development towards independency.

The support and guidance given the patient while in the hospital enabled him to express himself and move towards emancipation from anxiety and dependency. This patient's marriage probably gave his recovery momentum. The supervising worker's enabling the patient and his family to modify their attitudes toward each other furthered his chances for adjusting satisfactorily. The securing of a full time job and the establishing of a savings account evidenced to the patient his adequacy to accept responsibility and function as an adult. Thus his self-confidence was increased, promoting a greater desire on the part of the patient, to become more efficient.

#### Case 10

Matt, a white 24 year old male veteran, was born in New York in 1927. Both parents were also born in New York. The father was employed as a postal clerk. He developed tuberculosis in 1942 and died of it in 1943. At this time, Matt was 16. The father was

considered a good provider, and the dominant figure in the home. The mother, prior to the father's death, was a housewife. After his death, she secured a job as a part-time secretary in a Y.W.C.A. She felt that her family needed her at home, and therefore could not accept a full time job.

Matt was the second child of four siblings. It was the mother's impression that the younger girl and Matt related best, because she was kind and sympathetic towards him.

Matt attended a Catholic school until the death of his father, at which time he stopped, at the age of 16 years. He then secured a job with a blueprint company as a clerk, where he remained until drafted into the service in 1945. After discharge, in 1946, he was idle for eight months. His mother nagged him for not working, calling him "lazy" and "weak." Matt secured a job as a machine operator, where he was supervised by a woman, with the majority of his co-workers being also women. He often complained about this job, appeared tired, and frequently said he smelled odors emanating from his body. Three months prior to his hospitalization, he stopped working and remained at home. He often cried and brooded for no apparent reason. On March 29, 1949, the patient was admitted to VA hospital with a diagnosis of schizophrenic reaction, unclassified type. He received electric shock treatments for six months, and was also assigned to corrective and educational therapies. His major interest was the education department. On May 26, 1950, the patient was referred to Social Service by his physician for a pre-trial visit work up.

#### Trial Visit Planning

The Social Service worker interviewed Matt on May 28, 1950, regarding his desire to go on trial visit. He appeared anxious to leave, but reluctant to discuss his problems with the worker. He was self-condemning and angry about the "trouble" he had caused his family. He talked about standards whereby he would work hard, avoid drinking, and do things that would make his family "proud."

On June 2, 1950, Matt's mother was seen by the Social Service worker regarding her desire to help with trial visit planning. She appeared tense, cried, and was self-condemning. The mother indicated that she felt guilty about the manner in which he had previously handled her son, particularly with regard to the pressure she put on him for not working. She appeared

to have insight into the situation, realizing that her tendencies to "control" her son's life disturbed him.

This case was transferred to the VA regional office, where it was assigned to a regional office worker. This referral provided for continued help to Matt outside of the hospital with home and community adjustment. Emphases were upon the worker's developing a relationship with the patient and his mother for formulating plans that would facilitate his adjustment. The purposes of trial visit and why it would be necessary to supervise him were interpreted and readily accepted. On July 1, 1950, Matt left on trial visit in the custody of his mother.

#### Trial Visit Adjustment

For this first trial visit period of 90 days, Matt spent most of his time resting, listening to the radio and sleeping. His mother began to nag because of his idleness. The supervising worker discussed his condition, and indicated that it would be best to let him move at his own pace. The mother became more aware of her tendencies to control and to interfere. Consequently she tended to change her attitude towards her son. In view of Matt's minimum adjustment, he was granted a 90-day extension.

During this second 90 days trial period, Matt evidenced extreme guilt feelings over his not working and contributing to the expenses of the home. He discussed the possibility of accepting employment as a plumber's helper. The supervising worker talked to Matt's future employer about his condition and what the leave meant to him. He was accepted and appeared pleased because his employer made no demands on him. He continued to evidence the ability to apply himself vocationally and socially. Therefore, he was given another 90 days extension.

On this third extension trial period, Matt continued to improve. He was enabled to discuss his feelings toward his mother and they both gained more insight into their differences, which enabled them to move closer. He discussed his desire to leave his job, because it was his impression that he should have been given an increase in salary. The mother supported his thinking and suggested that he take time to find a job of his choice.

In view of the patient's continued evidence to plan and handle his leave satisfactorily, the supervising worker recommended him for discharge. It was granted on July 1, 1950.

#### Case Evaluation

This patient came from a home in which he was dominated by his mother. Prior to the father's death, the mother was a housewife. This permitted her to be with the children more than the father, who was employed as a postal clerk. In view of the arrangements in Matt's home during his earlier development, his opportunity to identify with a male was limited.

The father's death occurred when Matt was 16 years old, and may have been anxiety creating for him, the reason being that the mother was forced to secure employment and became more controlling and demanding of her son. Matt's inner struggle between dependency and independency was probably made more difficult, in that the mother made such demands upon him that he was forced to curb his unconscious desire to be dependent, before he was emotionally ready. As a consequence, he may have developed resentment and hostility towards his mother.

Matt's return to civilian life from military service was probably a threat to him. It is probable that fear or insecurity prompted him to remain idle for the first eight months after his discharge. Finally, rather

then continue being nagged by his mother, Matt secured a job. His evidenced resistance toward working and resentment towards working under and with females, probably reflected his feelings towards his mother as transferred to his job situation. Having no solution for his inner conflicts, Matt developed symptoms evidencing his need for medical care.

This patient's chief difficulty was emotional deprivation that resulted in his developing unconscious desires to remain dependent and fearful of responsibility.

The support and guidance given the patient while in the hospital promoted his desire to face reality and assume responsibility. However, the support given this patient and his mother outside of the hospital by the supervising worker, enabled them to modify their feelings toward each other, thus ensuring his adjustment.

The worker recognized Matt's anxiety and enabled him to handle it by helping him to secure a job. She also enabled the mother to modify her dominating attitude and become more accepting of her son. This lessened the patient's fear and frustration and in so doing, gave momentum to Matt's recovery.

#### Case 11

William, a white 32 year old Catholic male veteran, was born in New York. Both parents were also born in New York. The father was employed as a carpenter. His relationship with his children was considered good; however, he constantly clashed with his wife. On one occasion, after an argument with his wife, the father left home and never returned. William was twelve. It was later learned that the father died of pneumonia in a home for the aged. The mother was nervous, critical, and positive. She constantly argued about the lack of money in the home.

After the father left home in 1931, the mother worked as a domestic and received assistance from the Department of Public Welfare. William and his brother were placed in a foster home -- probably initiated by D.P.W. In result of a court order, the mother was considered unfit, irresponsible, and negligent; therefore,



the grandmother was appointed guardian.

William was second of three siblings. The younger brother was killed in the line of duty during World War II. The older brother was considered the mother's favorite. It was the mother's impression that the relationship between the siblings was good.

As a student, William showed particular interest in music and creative writing. He completed high school in 1940. In 1942 he entered service. While stationed in Canada, he met and married a girl, in 1943, against his mother's wishes.

Upon discharge in 1945, William brought his wife to his mother's and grandmother's home. The mother objected and resented the presence of his wife. A few months later, the wife secured an apartment, which did not meet their approval, but they remained because of cheap rent. During the latter part of 1946, William gave up his job as a machine operator, because he was asked to become a supervisor. He then worked for two years as an accountant. He developed pneumonia, however, and was soon replaced.

In July, 1950, the wife noticed that her husband was tense, moody and irritable. He often had chills, fever, and headaches. He complained of his head being unusually heavy. William appeared afraid to go out and socialize, but welcomed friends in the home. Seven months later, at the suggestion of a physician, on February 21, 1950, he entered VA hospital with a diagnosis of schizophrenic reaction, unclassified type.

William received electric shock treatments for three months, and was also assigned to occupational therapy, where he showed interest in the educational department. His participation in ward activities was good. On May 24, 1950, his physician referred him to Social Service for a pre-trial visit work up.

#### Trial Visit Planning

On May 26, 1950, the Social Service worker interviewed him. He indicated that he was anxious to leave the hospital, and wondered about the possibility of studying bookkeeping. The worker referred his request for the necessary administrative action.

The wife was interviewed by the worker on May 29, 1950 regarding her desire to participate in her husband's trial visit. She appeared anxious, but indicated that the home situation was strained financially. However, it was her impression that they could manage with the patient's compensation.

This case was referred to VA regional office where it was assigned to a regional worker. This referral provided for continued help to William

with home and community adjustment. Emphases were upon the worker's developing a relationship with William and his family for formulating plans that would facilitate his adjustment. On June 28, 1950, he left the hospital on trial visit in the custody of his wife.

#### Trial Visit Adjustment

For the first trial period of 90 days, William spent the time resting at home for a few weeks. The wife's mother became ill, and the family visited with her in Canada. They returned in September. William then made arrangements for training under the G. I. Bill. In view of his tense feelings, arrangements were made for his receiving psychotherapy. He continued to evidence the ability to enjoy his family, plan for his education, and cooperate with the therapist.

During this second period of 90 days, William refused his bookkeeping course. It was his impression that the class would consist of "young people." The wife accepted his feelings. He then tried to secure a job, but was unable to do so. He enrolled finally in the course for bookkeeping.

In view of his continued ability to adjust socially, to cooperate with the therapist and plan towards his education, he was given another extension.

The patient evidenced good ability in school. However, at times he became restless and bored with the course, but continued because he wanted a recommendation for a job. He continued to evidence improvement socially, and with the therapist as well as scholastically. William was discharged on June 28, 1951.

### Case Evaluation

William came from a home where the parental relationship was strained. The mother's argumentative, controlling behavior not only caused the father to clash with her often, but probably blocked William's acceptance of his home situation.

The inner conflicting feelings that probably arose during William's earlier development caused him further difficulty and frustration after he reached the period of pre-adolescence. This may have been precipitated by the father's separation from the family when William was 12 years old. As a consequence, his pre-adolescence development was also interfered with and blocked as was his earlier development. These emotional deprivations probably increased his anxiety.

After discharge in 1945, William and his wife planned to live with his mother. The mother constantly argued and found fault with her daughter-in-law. This probably upset her son as well as his wife. They decided to move into an apartment of their own.

William continued to evidence his inability to handle his conflicting feelings. His sudden development of chills, headaches, and his withdrawal evidenced his need for medical care.

This patient's chief difficulty was intense feelings of rejection and inferiority resulting from parental neglect and domination. The strained parental relationship negated and hindered William's emotional development in that it deprived him of an adequate ego-ideal.

The psychiatric services given William in the hospital formed the foundation for his emancipation from anxiety and his controlling mother. The continued support and acceptance from his wife, the supervising worker and

the therapist furthered his development towards self-reliance, as shown in his remaining in school though finding it painful.

The worker's protective relationship with the patient and his arrangement for William to enroll in a course in bookkeeping and to receive psychotherapy, were the services that furthered his development of self-reliance and his movement towards independency.

### Case 12

Thomas, a white 47 year old Hebrew male veteran, was born in New York in 1904. Both parents were also born in New York. The father was considered "moody" and distant towards the family. His employment as a tailor kept him away from home, and when there, he drank excessively. The mother was considered the disciplinarian of the home. She found the father's neglect and non-talkative moods annoying as well as his excessive drinking. In 1916, the parents divorced because of the father's drinking and the mother's relationship with a married man, who apparently gave her the attention long denied to her by her husband. The mother went to another state, leaving the children with their father.

Thomas was the second of four siblings. At the time of the parent's separation, he was 12 years old and his older brother was fourteen. They remained with the father. The sisters, whose ages were respectively 8 and 4 were placed in an orphanage, where they had no contact with their brothers.

During his third year in high school, Thomas stopped and went to join his mother in another state. Apparently he felt closer to her than to the father. While with the mother, he secured a job in a bank, where he worked for two years. At the age of twenty, he suddenly returned home to the father, but never discussed the reason with the mother. A few weeks after his return, the father died, and Thomas and his brother were cared for by an aunt.

In 1924 the older sister married and asked the mother to attend her wedding, provided that she leave her common-law husband, which she agreed to do. However, the mother went off to Europe with her husband and was never seen again. Thomas then decided to enter the merchant marine, where he remained from 1924 to 1935.

Four years later, in 1939, he entered service at the age of 35. During his service experience in Europe, he was wounded in the shoulder and hospitalized. His condition became progressively worse, and he appeared disturbed and dazed. Thomas was transferred to a general hospital in the United States, where he was discharged in 1943.

Upon discharge, Thomas lived with his younger sister until 1945, at which time she was placed in a mental institution. Then he moved in with the older sister, until 1948. Because they could not get along, he rented a room until he was hospitalized. In March of 1950, Thomas visited his older sister. He appeared depressed, lonely,

confused, and worried about the future. His speech became incoherent and his sister suggested that he seek hospitalization. On April 7, 1950 he was admitted to VA hospital with a diagnosis of schizophrenic reaction, unclassified type.

He received electric shock treatment for four months, and was also assigned to occupational therapy, where he showed interest in machine work shop. He participated in the various activities and seemed cooperative. On August 8, 1950, he was referred to Social Service for a pre-trial visit work up.

### Trial Visit Planning

The Social Service worker interviewed him on August 10, 1950 regarding his desire to go on trial visit. He appeared nervous, and expressed feelings of inferiority, which stemmed from his background, his mother's desertion, and his sister's mental illness. He indicated that he was anxious to leave the hospital and secure employment. It was his impression that he could work, providing that the demands were not too great.

On August 15, 1950, the Social Service worker interviewed Thomas' older sister. She appeared rigid and indicated that she had her own health to consider. Therefore, she did not care to help him with plans for trial visit. In consequence of the sister's attitude, the medical staff and the Social Service discussed the possibility of his going on trial visit in his own custody. The Social Service worker referred this case to the VA regional office, where a regional office worker was assigned. This referral provided for continued help to Thomas outside of the hospital with home and community adjustment. Emphases were upon the worker's developing a relationship with the patient to formulate plans that would facilitate his adjustment. The purposes of trial visit and why he would be supervised were interpreted and readily accepted. On September 30, 1950, he left on trial visit in his own custody.

### Trial Visit Adjustment

During this first trial visit period of 90 days, Thomas spent most of his time at home with a Jewish family that agreed to have him. He also sought employment. When the supervising worker visited, he appeared upset. He said that the family was "unbearable," because they treated him "like I am a son." Apparently he objected to their inquisitiveness and tendencies to overprotect him. He discussed the possibility of moving to a "Y" and about his receiving psychotherapy on an out-patient basis. The supervising worker referred his request for the necessary administrative action. In view of Thomas' ability to accept disappointment and plan specific ways to improve his condition, he was given a 90-day extension.

Thomas, during the second 90-day extension trial period, completed his moving and made many friends at the "Y". He enjoyed many of the activities sponsored by the "Y" and its members. He was also seen by the therapist and enabled to express his feelings. His confidence in himself increased, and he continued to adjust well socially, evidencing progressively his ability to plan and care for himself. In view of his obvious good adjustment he was given an additional 90-day extension.

Thomas, during the third trial period, secured a job as a refrigeration engineer. He evidenced increasing ability to establish friendships, hold a job and enjoy his "Y" membership. He discussed his relationship with a young woman whom he met at one of the "Y" activities.

In view of this patient's good social, economic, and therapeutic adjustment, he was recommended for discharge on September 30, 1951.

## Case Evaluation

Thomas came from a home environment that was dominated by his mother. Her controlling attitude over against the father's weak, insecure, passive role, did not provide him with an opportunity to identify with wholesome adult figures.

The father's frequent absence from the home, his excessive drinking and child-like ways of handling situations further blocked Thomas's ability to identify with both sexes. As a consequence, he repressed his feelings, which suggests guilt and fear of retaliation from his parents.

The parents' separation when Thomas was twelve years old may have intensified his difficulty, occurring as it did in pre-adolescence and further complicated by reactivation of oedipal conflicts.

The patient was probably disappointed in the mother for a second time when she promised to return to the family and did not keep her word. This evidenced itself when the patient suddenly decided to enter the merchant marine for eleven years, after which he entered the military service.

During the time he was in military service, Thomas was injured, which may have precipitated the breaking down of his defenses against his internal stresses. The hospitalization of his younger sister in a mental institution, and the friction between him and his older sister resulted in his underlying symptoms becoming overt and showing his need for medical attention.

This patient's chief difficulty was parental rejection, which resulted in his developing extreme feelings of resentment, hostility and inferiority.

Psychiatric understanding and services designed to meet his emotional deprivation released Thomas of his anxiety, his dependency and constituted

the basis for his development towards emotional maturity.

The reassurance given this patient by the supervising worker and the therapist enabled him to accept his sister's rejection, and plan specific ways of meeting his own needs, such as his decision to live at the "Y" and secure his own job.

### Case 13

Blythe, a white 27 year old Hebrew male veteran, was born in New York in 1924. The father was born in Austria and brought to America at the age of one year and a half. Prior to marriage, the father worked as a machine operator, but gave it up to drive a taxi, because he wanted to work out of doors. His employment often kept him away from home and his children. The mother was born in New York. She worked as a stenographer prior to marriage. The mother was the dominant figure in the home. On several occasions, she would not let her husband establish apparent business opportunities, because "he isn't young any more."

Blythe was the older of two siblings, his sister being eleven years younger. It was the mother's impression that the relationship between them was "good."

When in high school, he appeared extremely interested in music. He graduated at the age of 17, and entered service in 1943, where he remained until his discharge in 1946. Upon returning home, Blythe enrolled in a secretarial course for six months. He gave it up because he felt that the manager was prejudiced towards Jewish people. On another occasion, Blythe, hearing a stranger say "Jews are no good," put him in his place.

In 1948, his car was demolished by a truck, and he was knocked unconscious when his hand struck the windshield. He was taken to a hospital where an x-ray indicated a concussion. Blythe was in the hospital for five days, at which time he was placed under the care of a private doctor and nursed by his mother. He appeared restless, could not sleep, and walked from room to room. He expressed disgust towards his home town and said he wanted to go away and "make good." Both parents refused to let him go, because they felt that he was "not capable" of planning for himself. He argued with his parents and accused them of "making a baby of me."

On November 25, 1949, the patient, having become worried about his continued restlessness, went to a VA regional office, where he was referred to a sanitarium. While in the sanitarium, he was unmanageable, picked fights and was placed on a restricted ward. He demanded that his mother visit and when she arrived, he argued with her and said, "You messed up my life." The mother cried, and the patient said, "I don't care," and kicked his foot against the wall. He rambled in his speech and appeared progressively worse, which indicated his need for more intensive treatment. Therefore, he was transferred to VA hospital on December 23, 1949, with a diagnosis



of schizophrenic reaction, unclassified type.

Blythe received electric shock for six months, and was assigned to occupational therapy, where he showed extreme interest in typing. In view of his improvement, he was referred by his physician to Social Service on July 25, 1950, for a pre-trial visit work up, seven months after admission.

#### Trial Visit Planning

On July 27, 1950, the Social Service worker interviewed him regarding his desire to go on trial visit. He indicated that he was fearful of leaving the hospital, of meeting people. He decided that he would accept it, however, if it were granted. Blythe asked about the possibility of his training on-the-job so as to become more efficient. He also asked about the possibility of his receiving psychotherapy on an out-patient basis. The worker referred his request for the necessary administrative action.

On August 1, 1950, the Social Service worker interviewed the parents. Both indicated that they were anxious to have their son home. The mother expressed some guilt feelings about her tendency to "shelter" the patient.

This case was referred to the regional office where a regional office worker was assigned to it. This referral provided for continued help to Blythe with home and community adjustment. Emphasis was upon the worker's developing a relationship with the patient and his parents for formulating plans that would facilitate Blythe's needs for supervision. The purposes of trial visit and why it would be necessary to supervise him were interpreted and readily accepted. On August 28, 1950, Blythe left the hospital on trial visit in the custody of his parents.

#### Trial Visit Adjustment

During this first 90 days trial visit period, Blythe spent most of his time at home resting and meeting friends. He also met a girl to whom he

became engaged. The mother evidenced tendencies of overprotection and control, which Blythe handled somewhat by his continued self-planning. In view of his good use of the leave, an extension of 90-days was given.

During the second trial period, Blythe secured a job as a salesman with an auto company. He indicated that he felt strong enough to cancel his request for psychotherapy. Both he and his mother were anxious to discuss his coming marriage in January with the supervising worker. Both felt that an early discharge should be granted. In view of his obviously good adjustment and of the probability of a continued successful adjustment, the worker recommended the patient for discharge from trial visit. On February 25, 1951, the patient was discharged.

#### Case Evaluation

Blythe came from a home that was dominated by the mother. Her aggressive, controlling behavior as against the father's weak, passive behavior, constituted a disadvantage for Blythe from birth. The father was negated as an ego ideal; consequently, Blythe had no outlet for the expression of his feelings of loneliness and hate, which would have facilitated his learning how to handle his feelings of ambivalency. Therefore, he adopted a commonly used solution during this early childhood conflict and learned to suppress rather than express his feelings.<sup>1</sup>

The father's inadequacy as an ego-ideal, and the mother's controlling overprotective attitude, formed the basis for a vicious circle that blocked and impaired the patient's normal development to full emotional independence and self-reliance. As a consequence of his emotional deprivations, the

---

<sup>1</sup>English and Pearson, op. cit., p. 56.

patient was frustrated.

Blythe's previously repressed hostility towards his mother was evidenced when he was hospitalized in the sanitarium, and told her, "You messed up my life." Hearing the son's comment, the mother cried, but he said, "I don't care." His feelings were displaced as he kicked his foot against the wall. Blythe further evidenced his desire to be emotionally free of the mother's controlling influence when he said, "I want to get away from my home town and make good."

The onset of his illness was probably precipitated by the traumatic auto accident which caused physical weakness and permitted the inner and outer conflict to become noted. Blythe's need for hospitalization then became apparent.

The patient's chief difficulty was parental over-restriction and over-protection, which hindered his maturing normally. This emotional block promoted Blythe's development of deep feelings of hostility and inferiority.

Planned psychiatric services based on the understanding of the growth process enabled this patient to develop self-confidence and gradually move towards emancipation from fear, a controlling mother, and frustration.

The supervising worker's enabling the mother to modify her attitude, Blythe's willingness to test his treatment outside the hospital, and the securing of a job, are probably the factors that gave greatest momentum to his recovery.

#### Case 14

Bill, a white 26 year old Protestant male veteran, was born in West Hampton Beach in 1925. Both parents were born in America. The father worked as a domestic worker along with the patient's grandfather. They both ate out, at a home of the father's choosing. The father met a girl in the place where he took his meals and later married her. After the marriage the father was able to

secured work as a truck driver for an oil company. During the depression in 1929, he lost his job and was forced to support his family by doing odd jobs. He developed heart trouble and a kidney disorder which blocked his ability to work and participate in the family activities as he would have liked to. The father was hospitalized in March of 1940 where he remained until July, at which time he died. Bill was fifteen years old. The mother was forced to work because of the father's limited ability to work prior to his death. The mother's employment as a telephone operator on the night shift kept her away from the family a great deal. She felt that because she managed the family for the most part, "I am the head of this house." Whenever she was free, the mother took the children to the movies, to the park, or planned some activity for them. She was especially strict about the children's attending Church regularly and insisted that they never stay out at night after ten o'clock.

In 1941, the mother decided to take in a male boarder in the home because she felt the family needed the extra money. The boarder took a paternal interest in the children and they accepted his interest by calling him "Pop." Many neighbors in the community believed that the boarder was the children's father.

Bill was the youngest of three children. His two older brothers assumed an overprotective attitude towards him. It was the mother's impression that the relationship between the children was good.

Bill was considered a fair student, but his mother believed that he could do better. He graduated from high school at the age of 17, in 1943, and secured work in a canteen selling candy and smoking tobacco. He constantly complained of the noise in the canteen and about the great distance he had to travel getting to work and back home. Four months later, Bill became extremely upset and nervous. He gave up the job and went South, during which time he entered service, where he remained until he was discharged in 1945.

After his discharge in 1945, he seemed to have adjusted well, until 1949. During this year, the mother believed that she noticed a change in her son when he secured a job in a grocery. He began talking incessantly, was hyperactive and extremely nervous. He bit his nails constantly, had no desire to eat, and wanted to stay out of doors most of the time. Two weeks prior to his hospitalization, he got out of bed one morning at 3 a.m. and went outside. He was picked up by the police for disturbing the peace and held until the mother came and took him home. A few days later, he was seen out in the yard shadow boxing. Both the mother and the male boarder told Bill that they were taking him to the hospital, which he agreed was wise. He was admitted to VA hospital with a diagnosis of schizophrenic reaction, unclassified type, on December 6, 1949.

Bill received shock treatment for four months, and was assigned to occupational therapy where he showed great interest in the educational department. In view of his constant improvement, he was referred to Social Service for a pre-trial work up by his physician on March 19, 1950.

### Trial Visit Planning

Bill was interviewed by the Social Service worker on March 22, 1950, regarding his desire to go on trial visit. He appeared anxious to leave the hospital, and indicated that he wanted to enter college and study under the G. I. Bill. Bill indicated further that he wanted to help his mother financially and requested that she receive an apportionment of his disability compensation. The Social Service worker referred his request for administrative action. Bill said that he probably would work with the male boarder for a while on the docks. Prior to his referral for trial visit he had evidenced hostility toward the male boarder over his relationship with his mother.

Bill's mother was interviewed on March 25, 1950. She indicated that she wanted her son home as soon as possible. She told of her desire to marry the boarder and their desire to have Bill work with him fishing on the docks.

This case was referred to the regional office, where a regional worker was assigned. This referral provided for continued help to Bill with community and home adjustment. Emphases were upon the worker's developing a relationship with Bill's family to formulate plans which might facilitate the patient's adjustment. The purposes of trial visit and why it would be necessary to supervise him were interpreted and readily accepted. On April 20, 1950, Bill left on trial visit in the custody of his mother.

### Trial Visit Adjustment

During this first trial visit period of 90 days, Bill spent most of his time at home and seeing VA representatives about enrolling in college. Both he and his mother were anxious to discuss how well he had evidenced

some ability to plan for himself.

As a result of the patient's obvious good use of the first 90 day trial period, he was given an extension of another 90 days. During this second period, Bill continued to show improvement. He welcomed the opportunities to discuss his subjects with the supervising worker and his family. He was apparently gaining some confidence in himself and in his ability to adjust well outside of the hospital.

The third trial period extension began as Bill's allotted time under the G. I. Bill expired. This upset him somewhat. The supervising worker offered him support and suggested that she would help him secure employment. He obtained a job for himself as a bridge controlman and held it several months. He later secured several odd jobs to enable him to continue his college studies, along with the help of his mother. He continued to evidence the ability to plan for himself educationally, socially and economically. In view of his constant improvements, he was recommended for discharge, which occurred on April 19, 1951.

#### Case Evaluation

Bill came from a home where the mother was the dominant figure. Her physical condition as well as her steady employment caused her to feel that she was superior to her husband, as evidenced when she asserted, "I am the head of this house." The mother's strict overprotective attitude may have been an indication of her unconscious rejection of the children. Her rejection may have resulted from her adverse attitude towards the father's inability to adequately provide and care for the family.

The father's inadequacy as a male in the home, and his physical condition limited his ability to meet his son's need for male identification.

Due to the fact that the period of adolescence is a repetition to some degree of earlier childhood development, it is probable that the father's death when Bill was 16 years old furthered his inner conflicting feelings, also blocking his adolescent development. Bill's ordinal position probably furthered his dependency in that he was the third and youngest, which may have prompted the older siblings to assume an overprotective attitude towards him. The father's death may have increased their need to shelter Bill.

While working in a canteen after his graduation from high school, Bill evidenced his resistance toward acquiring independence by complaining of headaches, the distance he had to travel to and from work, which facilitated his quitting his job. In his efforts to escape, he went South and entered the service, where his dependency needs were probably met with some degree of security.

The securing of a job four years after his discharge resulted in the breaking down of his defenses. This was probably due to the implied emotional shift from dependency towards independence; therefore, as a solution, Bill took flight into illness.

This patient's chief difficulty was parental overprotection and over-restriction resulting in his development of extreme dependent feelings that prompted him to react with flight in all life situations.

Psychiatric attention, guidance, and acceptance based on psychiatric understanding of emotional immaturity constituted the foundation on which this patient was slowly helped to develop towards self-reliance and independency.

The specific planning for and with the patient and his mother by the

supervising worker, regarding his application for training under the G. I. Bill, and his securing of a job, were probably factors that furthered his confidence in himself and insured his adjustment.

#### Case 15

Lee, a white 26 year old protestant male veteran, was born in Indiana in 1925. The father was born in a small Ohio farming town. He was raised as a farmer as this was the family's occupation by tradition. The father completed school through to a doctorate degree in political science. He secured a teaching position at his alma mater in 1923, where he taught until 1944. The father took extension study courses abroad during the summer. After completing his extension courses, he secured work with the government, which often kept him away from home. The mother was born in Europe of Dutch ancestry. She was teaching in college at the time she met and married Lee's father. The mother described herself as a retiring person, contented with pleasing her husband and being dominated by him. She considered her husband a leader.

Lee was the older of two siblings. His sister was seven years younger. It was the mother's impression that they had a "wholesome" relationship between them.

Lee was considered a good student. He completed high school in 1943 at the age of 18, and entered college, where he remained for three weeks, and then entered service. While in service, he met a girl to whom he became engaged. The girl was a college graduate and considered by the mother to be a "stabilizing factor" in her son's life. He was discharged from service in November 1947.

Lee entered college for the second time. He did not enjoy the liberal arts curriculum, however, and decided to enter a technical school. The father was upset when he did enter a technical school, but he refused to accept a liberal arts education. He had completed three semesters when the need for his hospitalization became evident in 1949.

One day in May, 1949, he ran to his mother and told her he was confused and could not keep up with his class work. He indicated that he should repeat some of his courses because he was not mastering them as he should. His instructors said he was one of the leaders in the class. Lee stopped eating and appeared restless. His mother was not alarmed because she felt that he was excited about his approaching marriage. On another occasion, he told his mother of an "affair" with another girl. It was the mother's impression that her son felt extremely guilty over this "affair" in view of his engagement. He felt that the time he spent with his photography was a poor way to utilize time. As Lee talked, the mother noticed blood oozing from under his shirt. She asked if he had been hurt, and he told her of his attempted suicide by cutting both wrists. He said he had thought this the "only way out," but had changed his mind and now wanted a doctor. The mother felt that her son's mind was confused, and in an effort to protect the family



she decided to dress her son's wounds herself. A few days later, Lee drove off in the car and again attempted suicide. Failing to succeed, he ran into the house and told his father, "I think I am crazy." The father took him to a physician who suggested that he see a psychiatrist. Lee was admitted to VA hospital on May 1, 1949, with a diagnosis of schizophrenic reaction, unclassified type.

Lee received electric shock treatment for five months, and he also received individual and group psychotherapy. Later he was assigned to manual arts, where he participated well. As a result of his constant improvement he was referred by his physician to Social Service for a pre-trial visit work up on June 14, 1950.

### Trial Visit Planning

The Social Service worker interviewed him on June 15, 1950 regarding his desire to go on trial visit. He indicated that he was anxious to leave because he wanted to explore several schools of photography.

The Social Service worker planned an appointment with his parents on June 17, 1950. However, the mother came alone because the father was busy and felt that the wife could handle the situation. The mother indicated that she wanted her son home. The worker explained that he might need outpatient treatment, to which the mother replied, "We are prepared to meet the need." She felt that her son did not need supervision because should anything happen, "we will phone."

This case was referred to the regional office where a regional worker was assigned to it. This referral to the VA regional office provided for continued help to Lee with home and community adjustment. Emphases were upon the worker's developing a relationship with the patient and his relatives for formulating plans that would most adequately meet Lee's needs during his trial visit period. The purposes of trial visit were interpreted and why he would be supervised, which was readily accepted. Lee left the hospital on August 3, 1950, in the custody of his parents.

### Trial Visit Adjustment

During this first 90 days trial period, Lee spent most of his time exploring various schools of photography. He made his selection and was apparently doing well. It was evidenced that the mother did not wish to have her son supervised. However, when the supervising worker visited, all were courteous. The mother said several times that "he really doesn't give me any trouble." In view of Lee's good adjustment, he was given a 90-day extension.

Lee, during the second 90 day extension, spent most of his time in photography school and on a job secured for him by his father. He evidenced some ability to handle his financial and social responsibilities. When the supervising worker attempted to discuss his adjustment, both parents and Lee indicated that he should be discharged from trial visit. Consequently the supervising worker recommended that he be discharged, in view of his request and his tenuous adjustment.

It was felt that the father had enough influence to protect his son from any economic strain and insecurity. Lee was discharged from the hospital during his second extension of trial visit on February 21, 1951.

### Case Evaluation

Lee grew up in an authoritarian environment of upper middle class. The father was a successful man educationally, economically, and socially. His employment as a government official often kept him away from home, which may have limited his son's opportunity to identify with him. When the father was home, his strict, critical attitude did not permit Lee to express his feelings of love and hate. This emotional deprivation may have promoted repressed feelings of hostility, inferiority and anxiety within Lee against

his father.

The mother's superficial attitude and her extreme dependency on the father did not provide a balance for her son's inner conflicting feelings; but she probably succeeded in frustrating him more, by establishing standards for him to achieve in comparison with his father's success and achievements

Lee seems to have identified with the mother, in that he was passive and submissive. However, unconsciously he wanted to exceed the father, but failed, which probably caused his feelings of inferiority and inadequacies to become intensified. This was evidenced in his request to be demoted in his classes and in his suicidal attempts.

Lee's voluntary entry into military service may have been an indication of his desire to escape his conflicting home situation. In view of his good military service adjustment, he apparently had his dependency needs met with some degree of security. However, his inability to adjust to the constant demands of his parents and the adult world seemed to have intensified his inner struggle to obtain independence, or unconsciously to regress to a happier time in his childhood. As a consequence of his inability and unwillingness to accept his inadequacies, Lee developed symptoms which evidenced his need for hospitalization.

This patient's chief difficulty was family overprotection and overrestriction, which arose because of the parents' partially conscious and unconscious desires to have their son function on their level. This forced Lee to live emotionally beyond his means, resulting in the development of intense feelings of inferiority, insecurity and dependency.

Psychiatric services based on insight into this patient's conflict

lessened his anxiety somewhat. However, in view of the parents' rigidity and control over their son, his treatment was not as effective as it probably could have been.

Lee will more than likely remain under his parents' control, because in so doing he receives their praise and attention, which gratifies his needs to a limited extent.

The eight cases discussed in this chapter, as the seven cases discussed in Chapter II, were facilitated in their adjustment by certain common factors. These factors were as follows:

(a.) Each patient's ego was only partially damaged; therefore, he realized his inadequacies, his inability to solve the conflict with flight, and sought treatment.

(b.) Each patient received acceptance and support from the medical staff and the various departments which instigated treatment. Acceptance as employed by the medical staff, the social worker and the therapist enabled these patients to accept and recognize their limitations. Therefore, they planned specific ways to meet their needs. The patients' planning was further strengthened by the worker's manipulating concrete services in the environment prior to trial visit and also during trial visit.

(c.) Each patient had a desire to test himself outside of the hospital, which constituted his readiness to accept responsibility, and his desire to be accepted and approved of by his family, community, and society at large.

## CHAPTER IV

### SUMMARY AND CONCLUSIONS

Mental illness down through the years in the past has, in the main, been viewed as non-treatable. Therefore, all persons suffering with mental disorders were considered doomed and destined to live a death-in-life. This pessimistic, unsympathetic attitude hindered for years all scientific and medical interest in the problem of mental health.

The remarkable progress that has occurred in the prevention and treatment of mental illness during this present century in the teeth of war conditions, and to some extent because of them, has prompted and furthered scientific interest in psychopathology. This scientific interest has shed fresh light on the nature of mental illness, and offered hope in its prevention and treatment.

The new "dynamic" view of mental illness places emphasis not only on the development of psychotic or neurotic symptoms, but it also considers the individual's total personality, the circumstances (environment) and history from his earliest days. Consequently, the specialists and the general practitioner are enabled to understand the mentally ill patient as a human being; and that his symptom is his way of meeting in an immature manner the constant demands of society and of reality.

This study was designed to evaluate the psycho-social factors affecting the successful adjustment of fifteen patients on trial visit from a neuropsychiatric Veterans Administration Hospital. It was further designed to evaluate the preparation of these patients for trial visit.

In exploring the data of the fifteen cases, the writer found factors

common to each that facilitated each patient's adjusting satisfactorily. These factors were: (1) each patient's ego structure was not totally damaged, (2) each patient accepted the concrete services made available to him by the supervising social worker, (3) each patient was interested in test-himself outside of the guarded hospital setting, (4) each patient was given acceptance, affection and approval.

Factor "(1)", existing and evidenced when each patient realized that flight in itself was no solution to the conflict. Consequently, each patient accepted psychiatric treatment, evidencing his desire to face reality. Thus, the ego structure being only partially damaged facilitated psychiatric treatment, in that each patient possessed enough emotional maturity to readily grasp supportive techniques. Therefore, recovery was expedited.

Factor "(2)", the concrete services, were: arrangement for patient to receive psychotherapy, educational training, to enter a curative shop, work placement or clarifying adverse familial attitudes. These services were manipulated by the social worker. They lessened the difficulty that would probably block a patient's movement if he faced them and planned alone.

Factor "(3)", the positive attitude held by each patient to test himself outside of the hospital, constituted an incentive and evidenced their readiness to assume responsibility and face reality.

Factor "(4)", acceptance, approval and affection were probably the three elements that gave greatest momentum to each patient's recovery. Together these three factors constituted "attitude." Therefore, the type of attitude held by the patient, his family, and those who instigate psychiatric treatment, can either enhance or obstruct recovery.

The writer does not wish to imply that psychic factors are any less important than are social factors. However, the application of supportive techniques as manipulated by the supervising worker, evidenced the importance of social factors (environmental manipulation) in the adjustment of these patients and their return to the community during trial visit. For example, in cases 5 and 8, the patients' relatives refused to help with their trial visit planning. The supervising social worker secured a job placement for the patient in case 5, which constituted a home for him as well as a job, making it possible for him to support himself and accept his brother's rejection of him. In case 8, the supervising worker arranged for this patient to receive psychotherapy and to enroll in a course in tailoring, which enhanced his desire and ability to adjust satisfactorily.

In all instances, patients do not accept help and supervision, which the writer believes limits their ability to handle trial visits well. However, in this study, each patient readily accepted supervision, which enhanced their ability to adjust. Cases 1, 2, 3, 4, and 7, particularly indicate the necessity for trial visit supervision. In these cases, there existed adverse familial attitudes which probably would have blocked the adjustment made by these patients, had the supervising worker not been aware of the danger and enabled the relatives and the patients to modify their feelings.

## APPENDIX



## SCHEDULE

1. Case Name \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_
2. Family Background:  
Intra-family relations \_\_\_\_\_  
Siblings and position \_\_\_\_\_
3. Marital Status \_\_\_\_\_
4. Education \_\_\_\_\_
5. Vocation \_\_\_\_\_
6. Hospital Course:  
Diagnosis \_\_\_\_\_  
Treatment \_\_\_\_\_
7. Trial Visit Preparation:  
Planning of the hospital \_\_\_\_\_  
Planning of the relatives \_\_\_\_\_  
Planning of the patient \_\_\_\_\_
8. Trial Visit Adjustment:  
Satisfactory \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

## BIBLIOGRAPHY

- English, O. S., and Pearson, G. J. Common Neuroses of Children and Adults. New York: W. W. Norton and Company, Inc., 1937.
- \_\_\_\_\_. Emotional Problems of Living. New York: W. W. Norton and Company, Inc., 1945.
- Hamilton, Gordon. Psychotherapy in Child Guidance. New York: Columbia University Press, 1947.
- Horney, Karen. Our Inner Conflicts. New York: W. W. Norton and Company, Inc., 1945.
- Lowrey, Lawson G. Psychiatry for Social Workers. New York: Columbia University Press, 1946.
- Moore, Harry S. "Hospitalization as a Dynamic for Use in Case Work with Relatives in a Veterans Administration Mental Hospital," Journal of Psychiatric Social Case Work, XIX (Spring, 1950), 141-146.
- Nomenclature of Psychiatric Disorders and Reactions. Veterans Administration Technical Bulletin TB10A-78. Washington: Government Printing Office, 1947.
- The Psychiatric Social Worker in the Hospital. Report No. 2 of the Group for the Advancement of Psychiatry. Topeka, Kansas, 1948.
- Saul, Leon. Emotional Maturity. Philadelphia: J. B. Lippincott Company, 1947.
- Stern, Edith. Mental Illness: A Guide for the Family. New York: Commonwealth Fund, 1942.